Signature of District Superintendent or Designee

2002-03 Multitrack Year-Round Education Waiver Request Certification K-3 Class Size Reduction Program

	Coun	ty and District Code: School Code:
County:		
District:		School:
Contact Person:		Title:
Address:		City/Zip Code:
Telephone: ()	Ext.	FAX: ()
Eligibility Criteria As required by Education Code Section 52122.6, the following conditions apply prior to my submission of my Class Size Reduction Program waiver request: 1. The schoolsite or schoolsites for which the waiver is requested is on a multitrack year-round educational schedule (E.C. § 52122.6 (a)). 2. A minimum of 40 percent of the school district's enrollment is on a multitrack year-round educational schedule (E.C. §52122.6 (b)). 3. For each acre of the schoolsite(s) for which the school district is requesting a waiver, the schoolsite has an average of at least 200 elementary pupils enrolled in instructional programs that require regular pupil attendance at the site (E.C. §52122.6 (c)). 4. The district has reconfigured attendance boundaries in order to implement the Class Size Reduction Program, or has determined that reconfiguration is ineffective for purposes of implementing the Class Size Reduction Program, at the schoolsite(s) for which the waiver is requested (E.C. §52122.6 (d)).		
Certification To the best of my knowledge and belief, the information in this certification and the corresponding comprehensive plan is true and correct and is in compliance with the state law and administrative provisions of the California Department of Education. The Governing Board of the above named school district has authorized me to sign this certification on its behalf.		
<u>Signature</u>		

Printed Name

Date